

UNITED STATES DISTRICT COURT
for the
Southern District of New York

American Civil Liberties Union)

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)

Plaintiff(s))

v.)

Administration for Children and Families)

)

)

)

Defendant(s))

Civil Action No. 1:16-cv-01987

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Administration for Children and Families
330 C Street, SW
Washington, DC 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Brigitte Amiri
American Civil Liberties Union Foundation
125 Broad Street, 18th Floor
New York, NY 10004

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 3/17/2016



CLERK OF COURT

/s/ R. Chambers

Signature of Clerk or Deputy Clerk

Civil Action No. 1:16-cv-01987

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Administration for Children and Families
was received by me on *(date)* 03/18/2016.

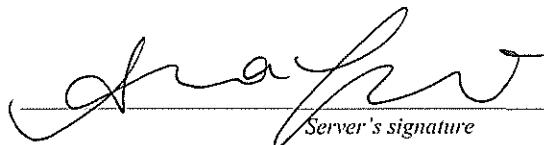
- I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or
- I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

- I returned the summons unexecuted because _____; or
- Other *(specify)*: As set out by Rule 4(i) of the Federal Rules of Civil Procedure, I served the summons and
complaint on March 22, 2016 by certified mail upon the United States and the defendant at the
following addresses: Civil Process Clerk, US Attorney's Office, 86 Chambers Street, 3rd Floor,
New York, NY 10007; Attorney General Loretta Lynch, US Department of Justice, 950
Pennsylvania Ave, NW, Washington, DC 20530-0001; Administration for Children and Families,
330 C Street, SW, Washington, DC 20201.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 03/23/16



Anna Krist
Server's signature

Anna Krist, American Civil Liberties Union, Legal Assistant
Printed name and title

125 Broad Street, 18th Floor
New York, NY 10004

Server's address

Additional information regarding attempted service, etc:

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For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$ 3.45

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.90
 Return Receipt (electronic) \$ 2.90
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 2.52

Total Postage and Fees \$ 8.77

Sent To
Administration for Children and Families
Street and Apt. No., or PO Box No.
330 C Street, SW
City, State, ZIP+4 Washington, D.C. 20201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.90
 Return Receipt (electronic) \$ 2.90
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 4.8

Total Postage and Fees \$ 7.67

Sent To
Civil Process Clerk, U.S. Attorney's Office
Street and Apt. No., or PO Box No.
86 Chambers Street, 3rd Floor
City, State, ZIP+4 New York, NY 10007

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage \$ 9.8

Total Postage and Fees \$ 7.67

Sent To
Attorney General Loretta Lynch
Street and Apt. No., or PO Box No.
950 Pennsylvania Ave, NW
City, State, ZIP+4 Washington, D.C. 20530-0001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

RECEIPT
REQUESTED

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